

Dear Ladies and Gentlemen,

Thank you for the opportunity to address you and the other representatives of the people to explain both the past and the vision of the Utah Digital Health Services Commission. I have had the privileged to be a member of the Commission from its inception and since October of 2003 the chairman. In that capacity I hope to answer your questions and can convince you of the value of continuation of this Commission.

The public purpose and interest for this Commission has only grown over the past three years. The complexity and demands of health services have exploded over the life of the Commission. Concomitant to this expansion of knowledge, technology is now just reaching a point where the individual practitioner and the individual citizen can benefit. Wireless networks, light-weight computers such as PDAs, tablets and notebooks, broad distribution of high speed internet connections, faster processors and greater storage capacity all combine to bring the power of computation to every office and clinic and potentially every home.

These technological leaps have reached a point where nationally the focus has shifted not from whether there should be an agenda for health information infrastructure but how fast it can be implemented. The debate between parties is which can be the most generous in its funding. In this the Utah State Legislature predated the sea change with the original creation of the Commission four years ago. The relevance of the Commission is even greater today than at its birth.

In relationship to the issues in 3(a) I will be the first to admit that there is little to show for our work to date. But this is rapidly changing as we have learned more about the numerous or almost innumerable issues that could be addressed. We now have a vision and purpose of the complete Commission and are moving to work with the legislature to suggest changes in policy and law to promote the advances of digital health services to the citizens of the state.

We are committed as a Commission to work toward a clinical network in the state where physicians and patients alike can better see and review their own medical information. This electronic network is presently in the embryonic phase with a hope that someday soon all clinicians will be linked to all the laboratories of the state to order studies and receive the information securely in a rapid and standardized fashion. In this regard while there are no legal issues per se that have been identified it is hoped that legislature will give support to the development of such a system. Providing financial grants for such an improvement in patient care will speed the process for improved patient care, enhanced patient safety, and better use of public and private health dollars.

(b) The Commission has never had an operational budget. We have been step children of the health department and thanks to its generosity we have had wonderful clerical support. However to invite national experts we have had to rely upon donations from other non-governmental sources. The Commission has not paid any of the members' per diem compensations in spite of the law. The Commission has had to use the generosity of

the University of Utah's Telehealth Network for distance meetings. The members of the Commission are grateful for the work of the employees at the health department but the staff has many other responsibilities and there has been shifting help and reassignments that have partially hampered the work. The individual goodness and spirit of community service have sustained the Commissioners in their duties for which they are owed much.

(c)The effort of community participation is only now being more fully employed for the work of the Commission. This year the Commission has heard from an expert in medical informatics, a national legal authority in telehealth issues, and most recently input from the state health insurance industry. We are eager to hear from the many other players in this exciting and growing field of medical electronic transformation.

(d)To my knowledge there is not a replication or duplications of existing state agencies. While there are common linkages the unique focus of health services places this at the core of many statewide services such as Medicaid, State employee health costs, and emergency care or even aspects of bioterrorism.

(e) (f)So far there has been limited public benefit. But as reported above there is now a vision and purpose that will soon be translated to significant efforts to speed up the transformation for good of the current wounded system. The only adverse effect is that perhaps the Commission has not acted aggressively enough to encourage the wide spread adoption of information systems into every clinic of the state. Evidence mounts that with such tools the system provides better and safer care. The inverse therefore is that because of our limitations there are patients who have potentially received less than optimal and safe care.

(g)Statutory review is valuable for the commission to rethink its purpose and obligations. In the matter there are some suggested revisions that could be considered to better define the duties. In section 26-9f-104 the Commission is in compliance with (1)(2).

However it is beyond the capacity of the Commission to comply with (3) "serve as a clearinghouse of emerging technologies". Paragraph (4) is huge in scope and possibilities, but the Commission takes the various issues quite seriously and is attempting to understand and address some of the issues. The Commission is also attempting to address the other elements and sub paragraphs from (5) through (8). This renewal examination process further reminds me of the potential of this Commission and for the good will of the various members who have served with little to no recognition and no compensation.

Respectfully yours,

Joseph G. Cramer, MD

Chair, Utah Digital Health Services Commission